



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                        |   |                |
|---|------------------------|---|----------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)   |                        | Docket Number (Optional)<br>SON-2968        |                |
| Application Number  | 10/813,175-Conf. #4461 | Filed                                       | March 31, 2004 |
| For RECORDING/ REPRODUCING DEVICE AND METHOD, RECORDING MEDIUM, AND PROGRAM   |                        |   |                |
| Art Unit  | 2627                   | Examiner                                    | Parul H. Gupta |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |                |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |                |
|   | <u>Fee</u>             | <u>Small Entity Fee</u>                     |                |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                  | \$60  | \$             |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460                  | \$230                                       | \$ 460.00      |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050                 | \$525                                       | \$             |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640                 | \$820                                       | \$             |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230                 | \$1115                                      | \$             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                        |   |                |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                        |   |                |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                        |   |                |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                        |   |                |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013. I have enclosed a duplicate copy of this sheet. |                        |   |                |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                        |   |                |
| I am the <input type="checkbox"/> applicant/inventor.   |                        |   |                |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                        |   |                |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,290/24,104  |                        |   |                |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 40,290   |                        |   |                |
| _____<br>Signature  |                        | _____<br>November 27, 2007<br>Date          |                |
| _____<br>Christopher M. Tobin/Ronald P. Kananen<br>Typed or printed name  |                        | _____<br>(202) 955-3750<br>Telephone Number |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                         |                        |   |                |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted.   |                        |   |                |

11/28/2007 AWONDAF1 00000062 100013 10013175

01 FC:1252

460.00 DA